

JUL 06 2007

**FAX TRANSMISSION****DATE:** July 6, 2007**PTO IDENTIFIER:** Application Number 09/870,280-Conf. #7303  
Patent Number**Inventor:** Mojdeh SHAKERI et al.**MESSAGE TO:** US Patent and Trademark Office/ MS AF**FAX NUMBER:** (571) 273-8300**FROM:** LAHIVE & COCKFIELD, LLP  
Kevin J. Canning/NID/cfo**PHONE:** (617) 227-7400**Attorney Dkt. #:** MWS-040RCE**PAGES (Including Cover Sheet):** 14**CONTENTS:** Transmittal (1 page)  
Fee Transmittal (1 page in duplicate)  
After Final Amendment (8 pages)  
Two Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)  
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PTO/SB/07 (09-04)

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Application No. (if known): 09/870,280

Attorney Docket No.: MWS-040RCE

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35,470

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Transmittal (1 page)

Fee Transmittal (1 page in duplicate)

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Two Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)

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PTO/SB/21 (04-07)

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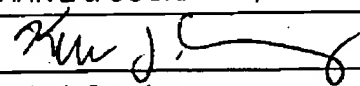
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|  |                        |                        |
|--|------------------------|------------------------|
| <b>TRANSMITTAL<br/>FORM</b><br><br><small>(to be used for all correspondence after initial filing)</small> | Application Number     | 09/870,280-Conf. #7303 |
|  | Filing Date            | May 30, 2001           |
|  | First Named Inventor   | Mojdeh SHAKERI         |
|  | Art Unit               | 2121                   |
|  | Examiner Name          | T. H. Stevens          |
| Total Number of Pages In This Submission   | Attorney Docket Number | MWS-040RCE             |

**ENCLOSURES (Check all that apply)**

|  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><br><input type="checkbox"/> Fee Attached<br><br><input type="checkbox"/> Amendment/Reply<br><br><input checked="" type="checkbox"/> After Final<br><br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input checked="" type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) _____<br><br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks  |  |  |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |   |          |        |
|--------------|---|----------|--------|
| Firm Name    | LAHIVE & COCKFIELD, LLP   |          |        |
| Signature    |  |          |        |
| Printed name | Kevin J. Canning  |          |        |
| Date         | July 6, 2007  | Reg. No. | 35,470 |

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Dated: July 6, 2007

Signature: 

(Kevin J. Canning)

JUL 06 2007

PTO/SB/17 (08-07)

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|   |  |  |  |
|---|--|--|--|
| Effective on 12/08/2004.<br>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).<br><b>FEE TRANSMITTAL</b><br><b>For FY 2007</b> |  | <b>Complete if Known</b><br>Application Number 09/870,280-Conf. #7303<br>Filing Date May 30, 2001<br>First Named Inventor Mojdeh SHAKERI<br>Examiner Name T. H. Stevens<br>Art Unit 2121<br>Attorney Docket No. MWS-040RCE |  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |  |  |  |
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$) 450.00  |  |  |  |

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP  
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  
☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   |                |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    |                |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    |                |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   |                |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     |                |

**2. EXCESS CLAIM FEES**

| Fee Description                                    | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues)            | 50       | 25                    |
| Each independent claim over 3 (including Reissues) | 200      | 100                   |
| Multiple dependent claims                          | 360      | 180                   |

Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

- 100 = /50 = (round up to a whole number) x = Fees Paid (\$)

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1252 Extension for response within second month 450.00

|                     |                  |                                   |                |
|---------------------|------------------|-----------------------------------|----------------|
| <b>SUBMITTED BY</b> |                  |                                   |                |
| Signature           |                  | Registration No. (Attorney/Agent) | 35,470         |
| Name (Print/Type)   | Kevin J. Canning | Telephone                         | (617) 227-7400 |
|                     |                  | Date                              | July 6, 2007   |

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**  
**For FY 2007**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 450.00**Complete if Known**

|                      |                        |
|----------------------|------------------------|
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| Examiner Name        | T. H. Stevens          |
| Art Unit             | 2121                   |
| Attorney Docket No.  | MWS-040RCE             |

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☒ Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP

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☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   |                |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    |                |
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| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     |                |

**2. EXCESS CLAIM FEES**

| Fee Description                                    | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues)            | 50       | 25                    |
| Each independent claim over 3 (including Reissues) | 200      | 100                   |
| Multiple dependent claims                          | 360      | 180                   |

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|----------|---------------|
|              |              |          |               |

HP = highest number of total claims paid for, if greater than 20.

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|----------|---------------|
|               |              |          |               |

HP = highest number of independent claims paid for, if greater than 3.

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| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| - 100 =      | /50 =        | (round up to a whole number) x                   |          |               |

**4. OTHER FEE(S)**

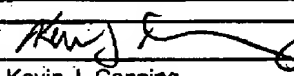
Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1252 Extension for response within second month

Fees Paid (\$)

450.00

**SUBMITTED BY**

|                   |   |                                   |              |           |                |
|-------------------|---|-----------------------------------|--------------|-----------|----------------|
| Signature         |  | Registration No. (Attorney/Agent) | 35,470       | Telephone | (617) 227-7400 |
| Name (Print/Type) | Kevin J. Canning  | Date                              | July 6, 2007 |           |                |

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